

CITY OF AUBURN

1225 Lincoln Way Auburn, California 95603 (530) 823-4211

TREE PERMIT APPLICATION

Information to be completed by applicant

1. Project Name: _____
2. Address of site: _____
Assessor's Parcel Number: _____
Location of subject property (include copy of Assessor's plat map or subdivision map):
Nearest cross streets: _____
3. Name of applicant _____ Phone _____
Mailing address _____
_____ Zip _____
4. Name of property owner _____ Phone _____
Mailing address _____
_____ Zip _____
5. Name and address of authorized representative if other than applicant (letter of authorization to be included): _____
_____ Zip _____
6. This Tree Permit is for the purpose of (e.g. encroachment; removal) _____

7. I hereby make application for a Tree Permit under the terms of Section 9-9.05 of the Auburn Municipal Code and under such conditions as may be set forth by the Planning Commission; said Tree Permit to be valid for a period of time as established by the City. I certify that the foregoing is true and correct.

Name of Applicant/Authorized Representative _____
Please print

Signature _____ Date _____

Name of property owner (please print): _____
Please print

Signature _____ Date _____

INFORMATION TO BE COMPLETED BY STAFF

9. Tree Permit # _____ Date submitted _____
10. Fee _____ Receipt # _____ Received by _____
11. Existing zoning _____ Existing general plan _____
12. Related applications _____
13. Completeness letter date _____
14. Environmental determination _____

Notes: _____

